Risk Adjustment Technical Steps and Risk Factor Specifications

Effective January 1, 2021
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I. Background

The Centers for Medicare & Medicaid Services (CMS) maintains, re-evaluates and implements changes to the OASIS data item set and also develops, implements, maintains and re-evaluates quality measures that are reflective of quality of care provided by home health agencies (HHAs) in the home setting. For outcome measures, the re-evaluation process includes evaluating and updating, as needed, the risk adjustment models used to adjust for patient characteristics at admission, to ensure they are adequately robust and allow for valid comparison across providers. OASIS-based home health outcome measures are risk adjusted using OASIS items that are statistically significant and clinically relevant predictors of the outcome.

The updated risk models in this document re-run the prior risk adjustment models after removing the following items. All other risk factors remain the same as the January 1, 2019 update. The next major update of the risk adjustment models is planned for the release of OASIS E. During that update, the risk adjustment models will be based on refreshed data and all risk factors will be re-tested for inclusion.

- M1030 (Therapies)
- M1242 (Frequency of Pain Interfering)
- M2030 (Management of Injectable Medications)
- M2200 (Therapy Need)

The latest risk adjustment update is applicable to home health quality episodes that begin January 1, 2021. The OASIS-based outcome measures for which the updated risk adjustment models apply starting January 1, 2021 are:

- Improvement in Ambulation/Locomotion
- Improvement in Bathing
- Improvement in Bed Transferring
- Improvement in Bowel Incontinence
- Improvement in Confusion Frequency
- Improvement in Dyspnea
- Improvement in Lower Body Dressing
- Improvement in Upper Body Dressing
- Improvement in Management of Oral Medications
- Improvement in Toilet Transferring
- Discharged to Community

Two measures are no longer risk adjusted and reported (Improvement in Pain Interfering with Activity [CY2020 HH Rule] and Improvement in the Status of Surgical Wounds [CY 2019 HH Rule]).

Section II describes the technical steps for calculating risk adjusted measures and describes the development of the risk adjustment models. Section III contains the detailed specifications for each of the risk factors used in the risk adjustment models. These remain the same as the January 1, 2019 update except the risk factors removed from the model.
Appendix Table 1 and Appendix Table 2 contains the list of risk factors and the estimated covariate coefficients for each measure, respectively.

NO CHANGES WERE MADE TO THIS DOCUMENT BEYOND THIS POINT COMPARED TO THE FEBRUARY 11, 2021 RELEASE
II. Technical Approach

Calculating Risk Adjusted Quality Measures

The following steps are used to calculate each quality measure:

A. Calculate the agency observed score (steps 1 through 3)

   **Step 1.** Calculate the denominator count:
   
   Calculate the total number of quality episodes with a selected target OASIS assessment each month that do not meet the exclusion criteria following each measure’s specifications.¹

   **Step 2.** Calculate the numerator count:
   
   Calculate the total number of quality episodes in the denominator whose OASIS assessments indicates meeting numerator criteria for each month, following each measure’s specifications.

   **Step 3.** Calculate the agency’s observed rate:
   
   Divide the agency’s numerator count by its denominator count to obtain the agency’s observed rate; that is, divide the result of step 2 by the result of step 1.

B. Calculate the predicted rate for each quality episode (steps 4 and 5)

   **Step 4.** Determine presence or absence of the risk factors for each patient (technical specifications for risk factors are in Section III):
   
   If dichotomous risk factor covariates are used, assign covariate values, either ‘0’ for covariate condition not present or ‘1’ for covariate condition present, for each quality episode for each of the covariates as reported at SOC/ROC, as described in the section above.

   **Step 5.** Calculate the predicted rate for each quality episode with the following formula:

   \[ \text{Episode-level predicted QM rate} = \frac{1}{1+e^{-x}} \]

   Where \( e \) is the base of natural logarithms and \( X \) is a linear combination of the constant and the logistic regression coefficients times the covariate scores (from Formula [2], below).

   \[ \text{Quality measure triggered (yes=1, no=0)} = B_0 + B_1 \cdot \text{COVA} + B_2 \cdot \text{COVB} + ... + B_N \cdot \text{COVN} \]

   Where \( B_0 \) is the logistic regression constant, \( B_1 \) is the logistic regression coefficient for the first covariate, \( COVA \) is the episode-level rate for the first covariate, \( B_2 \) is the logistic regression coefficient for the second covariate, and \( COVB \) is the episode-level rate for the second covariate.

covariate, etc. The regression constant and regression coefficients are provided in Appendix Table 2.

C. Calculate the agency predicted rate (step 6)

**Step 6.** Once a predicted QM rate has been calculated for all quality episodes, calculate the mean agency-level predicted QM rate by averaging all episode-level predicted values for that agency for each month.

D. Calculate national predicted rate (step 7)

**Step 7.** Calculate the national predicted rate:

Once a predicted QM value has been calculated for all episodes, calculate the mean national-level predicted QM rate by averaging all episode-level predicted values for each month. Note that the sample will include only those quality episodes with non-missing data for the component covariates.

E. Calculate the agency’s risk-adjusted rate (step 8)

**Step 8.** Calculate the agency-level monthly risk-adjusted rate based on the agency-level monthly observed quality measure rate (step 3), agency-level monthly mean predicted quality measure rate (step 6), and national monthly mean predicted QM rate (step 7), using the following formula:

\[ \text{agency risk adjusted rate} = \text{agency observed rate} + \text{national predicted rate} - \text{agency predicted rate} \]

F. Calculate the agency’s 12-month risk adjusted rate (step 9)

**Step 9.** Calculate the 12-month risk-adjusted rate by averaging the agency’s monthly risk-adjusted rate (step 8) weighting by the HHA’s number of episodes in each month over the 12 month period.

If the adjusted rate is greater than 100%, the adjusted rate is set to 100%. Similarly, if the result is a negative number, the adjusted rate is set to zero

**Identifying Risk Factors**

The risk adjustment model was developed using OASIS national repository data from assessments submitted between January 1, 2016 and December 31, 2016 (~6.4 million episodes of care). The population of 6.4 million episodes for calendar year 2016 was split in half such that 3.2 million episodes were used as a developmental sample and 3.2 million episodes were used as a validation sample. The following process was used to identify unique contributing risk factors to the prediction model:

1. Risk factors were identified based on OASIS items that will remain following the OASIS-D transition. The statistical properties of the items were examined to specify risk factors (e.g., item responses were grouped when there was low prevalence of certain responses). Team clinicians then reviewed all risk factors for clinical relevance and redefined or updated risk factors as necessary. These risk factors were divided into 35 content focus groups (e.g., functional status, ICD 10-based conditions, etc.). Where possible, risk factors were defined such that they flagged mutually exclusive subgroups within each content focus group. When modelling these risk factors, the exclusion category was set to be either the risk factor flag for most independent or the most frequent within each content focus group.
2. A logistic regression specification was used to estimate coefficients among the full set of candidate risk factors. Those risk factors that are statistically significant at probability <0.001 are kept for further review.

3. The list of risk factors that achieved the probability <0.001 level were reviewed. For content focus groups that are explicitly tiered by increasing severity, either all risk factors are included within a content focus group or none of them. For example, if response option levels 1 and 2 for M1800 Grooming were statistically significant at probability <0.001 for a particular outcome, then response option level 3 for M1800 Grooming was added to the list even if it was not statistically significant. If none of the risk factors within an explicitly tiered content focus group is statistically significant at <0.001, the entire content focus group is removed from the model.

4. A logistic regression was computed on the list of risk factors that had achieved probability <0.001 in Step 3 above.

5. Goodness of fit statistics (McFadden’s $R^2$ and C-statistic) were calculated to measure how well the predicted values generated by the prediction model were related to the actual outcomes. Separate bivariate correlations were constructed between the risk factors and the outcomes to confirm the sign and strength of the estimated coefficients in the logistic model.

6. The initial model was reviewed by a team of at least three experienced home health clinicians. Each risk factor was reviewed for its clinical plausibility. Clinicians were asked about the direction indicated by the coefficient in the risk adjustment model and how it compares to their perceived bivariate relationship given their experience treating patients in the home. Risk factors that were not clinically plausible were revised or eliminated if revisions were not possible.

7. The risk factors that were deemed not clinically plausible were revised or eliminated, and Steps 3, 4, and 5 in this process were repeated. The resulting logistic regression equation was designated as the risk adjustment model for the outcome.

8. The risk adjustment model was applied to the validation sample and goodness of fit statistics were computed. The statistics were similar to the goodness of fit statistics computed with the development sample. As additional testing, HHAs were stratified across several observable characteristics, and the distributions of the risk-adjusted outcomes were checked to confirm that values remained similar across strata.

9. Updated for January 1, 2021: risk adjustment models were re-run after excluding risk factors based on voluntary OASIS items.
III. Risk Factor Technical Specifications

OASIS data items are referred to in this documentation using field names specified in OASIS Data Submission Specifications published by CMS. "[1]" is appended to the field name if the value is taken from the beginning of episode assessment (Start or Resumption of Care), and "[2]" is appended if the value is to be taken from the assessment conducted at the end of the episode (Discharge, Transfer, or Death).

1. Age

IF M0100_ASSMT_REASON[1] = 01
THEN
   IF MONTH(M0030_START_CARE_DT[1]) > MONTH(M0066_PAT_BIRTH_DT[1]) OR
   (MONTH(M0030_START_CARE_DT[1]) = MONTH(M0066_PAT_BIRTH_DT[1])
   AND DAY(M0030_START_CARE_DT[1]) >= DAY(M0066_PAT_BIRTH_DT[1]))
   THEN
      AGE = YEAR(M0030_START_CARE_DT[1]) – YEAR(M0066_PAT_BIRTH_DT[1])
   ELSE
      AGE = YEAR(M0030_START_CARE_DT[1]) – YEAR(M0066_PAT_BIRTH_DT[1])-1
   END IF
ELSE
   IF MONTH(M0032_ROC_DT[1]) > MONTH(M0066_PAT_BIRTH_DT[1]) OR
   (MONTH(M0032_ROC_DT[1]) = MONTH(M0066_PAT_BIRTH_DT[1]) AND
   DAY(M0032_ROC_DT[1]) >= DAY(M0066_PAT_BIRTH_DT[1]))
   THEN
      AGE = YEAR(M0032_ROC_DT[1]) – YEAR(M0066_PAT_BIRTH_DT[1])
   ELSE
      AGE = YEAR(M0032_ROC_DT[1]) – YEAR(M0066_PAT_BIRTH_DT[1])-1
   END IF
END IF

Age: 0-54
IF (AGE >= 18 AND AGE <= 54)
THEN
   AGE_0_54 = 1
ELSE
   AGE_0_54 = 0
END IF

Age: 55-59
IF (AGE >= 55 AND AGE <= 59)
THEN
   AGE_55_59 = 1
ELSE
   AGE_55_59 = 0
END IF
\textit{Age: 60-64} \\
\text{IF} (\text{AGE} \geq 60 \text{ AND} \text{AGE} \leq 64) \\
\text{THEN} \\
\quad \text{AGE}_{60\_64} = 1 \\
\text{ELSE} \\
\quad \text{AGE}_{60\_64} = 0 \\
\text{END IF} \\

\textit{Age: 65-69} \\
\text{IF} (\text{AGE} \geq 65 \text{ AND} \text{AGE} \leq 69) \\
\text{THEN} \\
\quad \text{AGE}_{65\_69} = 1 \\
\text{ELSE} \\
\quad \text{AGE}_{65\_69} = 0 \\
\text{END IF} \\

\textit{Age: 70-74} \\
\text{IF} (\text{AGE} \geq 70 \text{ AND} \text{AGE} \leq 74) \\
\text{THEN} \\
\quad \text{AGE}_{70\_74} = 1 \\
\text{ELSE} \\
\quad \text{AGE}_{70\_74} = 0 \\
\text{END IF} \\

\textit{Age: 75-79} \\
\text{IF} (\text{AGE} \geq 75 \text{ AND} \text{AGE} \leq 79) \\
\text{THEN} \\
\quad \text{AGE}_{75\_79} = 1 \\
\text{ELSE} \\
\quad \text{AGE}_{75\_79} = 0 \\
\text{END IF} \\

\textit{Age: 80-84} \\
\text{IF} (\text{AGE} \geq 80 \text{ AND} \text{AGE} \leq 84) \\
\text{THEN} \\
\quad \text{AGE}_{80\_84} = 1 \\
\text{ELSE} \\
\quad \text{AGE}_{80\_84} = 0 \\
\text{END IF} \\

\textit{Age: 85-89} \\
\text{IF} (\text{AGE} \geq 85 \text{ AND} \text{AGE} = 89) \\
\text{THEN} \\
\quad \text{AGE}_{85\_89} = 1 \\
\text{ELSE} \\
\quad \text{AGE}_{85\_89} = 0 \\
\text{END IF}
Age: 90-94
IF (AGE >= 90 AND AGE <= 94)
THEN
   AGE_90_94 = 1
ELSE
   AGE_90_94 = 0
END IF

Age: 95+
IF (AGE >= 95)
THEN
   AGE_95PLUS = 1
ELSE
   AGE_95PLUS = 0
END IF

2. Gender
IF M0069_PAT_GENDER[1] = 2
THEN
   GENDER = 1
ELSE
   GENDER = 0
END IF

Patient is Female
IF GENDER = 1
THEN
   GENDER_FEMALE = 1
ELSE
   GENDER_FEMALE = 0
END IF

Patient is Male
IF GENDER = 0
THEN
   GENDER_MALE = 1
ELSE
   GENDER_MALE = 0
END IF

3. Payment Source
Payment Source: Medicare FFS only (%)
IF M0150_CPAY_MCAID_FFS[1] = 1 AND M0150_CPAY_NONE[1] = 0 AND
M0150_CPAY_MCAID_HMO[1] = 0 AND M0150_CPAY_MCAID_FFS[1] = 0 AND
M0150_CPAY_MCAID_HMO[1] = 0 AND M0150_CPAY_WRKCOMP[1] = 0 AND
M0150_CPAY_TITLEPGMS[1] = 0 AND M0150_CPAY_OTH_GOVT[1] = 0 AND
M0150_CPAY_PRIV_INS[1] = 0 AND M0150_CPAY_PRIV_HMO[1] = 0 AND
THEN
    PAY_MCARE_FFS = 1
ELSE
    PAY_MCARE_FFS = 0
END IF

**Payment Source: Medicare HMO only (%)**

M0150_CPAY_MCARE_FFS[1] = 0 AND M0150_CPAY_MCAID_FFS[1] = 0 AND
M0150_CPAY_MCARE_HMO[1] = 0 AND M0150_CPAY_WRKCOMP[1] = 0 AND
M0150_CPAY_MCAID_HMO[1] = 0 AND M0150_CPAY_OTH_GOV[1] = 0 AND
M0150_CPAY_PRIV_INS[1] = 0 AND M0150_CPAY_PRIV_HMO[1] = 0 AND
THEN
    PAY_MCARE_HMO = 1
ELSE
    PAY_MCARE_HMO = 0
END IF

**Payment Source: Medicare and Medicaid (%)**

(M0150_CPAY_MCARE_FFS[1] = 1 AND M0150_CPAY_MCAID_HMO[1] = 1) OR
(M0150_CPAY_MCARE_HMO[1] = 1 AND M0150_CPAY_MCAID_FFS[1] = 1) OR
(M0150_CPAY_MCARE_FFS[1] = 1 AND M0150_CPAY_MCAID_HMO[1] = 1) OR
(M0150_CPAY_MCARE_HMO[1] = 1 AND M0150_CPAY_MCAID_FFS[1] = 1) OR
M0150_CPAY_NONE[1] = 0 AND M0150_CPAY_WRKCOMP[1] = 0
THEN
    PAY_MCAREANDMCAID = 1
ELSE
    PAY_MCAREANDMCAID = 0
END IF

**Payment Source: Medicaid Only (%)**

IF (M0150_CPAY_MCARE_FFS[1] = 1 OR M0150_CPAY_MCAID_FFS[1] = 1) AND
M0150_CPAY_NONE[1] = 0 AND M0150_CPAY_MCARE_FFS[1] = 0 AND
M0150_CPAY_MCARE_HMO[1] = 0 AND M0150_CPAY_WRKCOMP[1] = 0 AND
M0150_CPAY_TITLEPGMS[1] = 0 AND M0150_CPAY_OTH_GOV[1] = 0 AND
M0150_CPAY_PRIV_INS[1] = 0 AND M0150_CPAY_PRIV_HMO[1] = 0 AND
THEN
PAY_MCAID_ONLY = 1
ELSE
    PAY_MCAID_ONLY = 0
END IF

Payment Source: Other Combinations (%)
IF PAY_MCARE_FFS = 0 AND PAY_MCARE_HMO = 0 AND PAY_MCAREANDMCAID = 0 AND PAY_MCAID_ONLY = 0 THEN
    PAY_OTHER_COMBO = 1
ELSE
    PAY_OTHER_COMBO = 0
END IF

4. SOC/ROC and Admission Source

Discharged from facility in past 14 days
    INPT_FACILITY = 1
ELSE
    INPT_FACILITY = 0
END IF

Start of Care - Further visits planned : Discharged from facility in past 14 days
IF (M0100_ASSMT_REASON[1] = 01 AND INPT_FACILITY = 1) THEN
    SOC_INPT = 1
ELSE
    SOC_INPT = 0
END IF

Start of Care - Further visits planned : Not Discharged from facility in past 14 days
IF (M0100_ASSMT_REASON[1] = 01 AND INPT_FACILITY = 0) THEN
    SOC_COMM = 1
ELSE
    SOC_COMM = 0
END IF

Resumption of care (after inpatient stay)
IF (M0100_ASSMT_REASON[1] = 3) THEN
    ROC = 1
ELSE
    ROC = 0
5. Post-Acute Facility Admission Source

Not discharged from post-acute facility past 14 days
THEN
INPT_NOPOSTACUTE = 0
ELSE
INPT_NOPOSTACUTE = 1
END IF

Discharged from post-acute facility past 14 days
THEN
INPT_POSTACUTE = 1
ELSE
INPT_POSTACUTE = 0
END IF

6. Risk of Hospitalization

Risk of Hospitalization: History of falls in past 12 months (%)
IF M1033_HOSP_RISK_HSTRY_FALLS[1] = 1
THEN
RISK_HSTRY_FALLS = 1
ELSE
RISK_HSTRY_FALLS = 0
END IF

Risk of Hospitalization: Unintentional weight loss in past 12 months (%)
IF M1033_HOSP_RISK_WEIGHT_LOSS[1] = 1
THEN
RISK_WEIGHTLOSS = 1
ELSE
RISK_WEIGHTLOSS = 0
END IF

Risk of Hospitalization: Multiple hospitalizations in past 6 months (%)
IF M1033_HOSP_RISK_MLTPL_HOSPZTN[1] = 1
THEN
RISK_MLTPL_HOSPZTN = 1
ELSE
RISK_MLTPL_HOSPZTN = 0
END IF
Risk of Hospitalization: Multiple ED visits in past 6 months (%)
IF M1033_HOSP_RISK_MLTPL_ED_VISIT[1] = 1
THEN
    RISK_ED = 1
ELSE
    RISK_ED = 0
END IF

Risk of Hospitalization: Recent decline mental/emotional decline in past 3 months (%)
IF M1033_HOSP_RISK_MNTL_BHV_DCLN[1] = 1
THEN
    RISK_RCNT_DCLN = 1
ELSE
    RISK_RCNT_DCLN = 0
END IF

Risk of Hospitalization: Difficulty complying with medical instruction in past 3 months (%)
IF M1033_HOSP_RISK_COMPLIANCE[1] = 1
THEN
    RISK_COMPLY = 1
ELSE
    RISK_COMPLY = 0
END IF

Risk of Hospitalization: Taking five or more medications (%)
IF M1033_HOSP_RISK_5PLUS_MDCTN[1] = 1
THEN
    RISK_5PLUS_MDCTN = 1
ELSE
    RISK_5PLUS_MDCTN = 0
END IF

Risk of Hospitalization: Reports Exhaustion (%)
IF M1033_HOSP_RISK_CRNT_EXHSTN[1] = 1
THEN
    RISK_EXHAUST = 1
ELSE
    RISK_EXHAUST = 0
END IF

Risk of Hospitalization: Other unlisted risk factors (%)
IF M1033_HOSP_RISK_OTHR_RISK[1] = 1
THEN
    RISK_OTHR = 1
ELSE
    RISK_OTHR = 0
END IF
Risk of Hospitalization: None of the Above (%)
IF M1033_HOSP_RISK_NONE_ABOVE[1] = 1
THEN
    RISK_NONE = 1
ELSE
    RISK_NONE = 0
END IF

7. Availability of Assistance

Availability of Assistance
Around the clock (%)
THEN
    ASSIST_ARND_CLOCK = 1
ELSE
    ASSIST_ARND_CLOCK = 0
END IF

Regular daytime (%)
THEN
    ASSIST_REGDAY = 1
ELSE
    ASSIST_REGDAY = 0
END IF

Regular nighttime (%)
THEN
    ASSIST_REGNITE = 1
ELSE
    ASSIST_REGNITE = 0
END IF

Occasional/None (%)  
THEN
    ASSIST_OCC_NONE = 1
ELSE
    ASSIST_OCC_NONE = 0
END IF
END IF

Living Arrangement

Lives alone (%)

Lives with Others (%)

Lives in a Congregate Situation (%)

8. Pressure Ulcers

None or Stage I Present

Stage II or Higher and Unstageable Present
   PU_STG2PLUS_UNSTG = 1
ELSE
   PU_STG2PLUS_UNSTG = 0
END IF

9. Stasis Ulcers

Stasis Ulcer: No observable stasis ulcers
IF M1330_STAS_ULCR_PRSNT[1] = 00 OR M1330_STAS_ULCR_PRSNT[1] = 03 THEN
   STAS_ULCR_NONE = 1
ELSE
   STAS_ULCR_NONE = 0
END IF

Stasis Ulcer: 1 observable stasis ulcer only
IF M1332_NBR_STAS_ULCR[1] = 1 THEN
   STAS_ULCR_OBS_1 = 1
ELSE
   STAS_ULCR_OBS_1 = 0
END IF

Stasis Ulcer: Multiple observable stasis ulcers
   STAS_ULCR_OBS_2PLUS = 1
ELSE
   STAS_ULCR_OBS_2PLUS = 0
END IF

10. Surgical Wounds

Status of Surgical Wound: None
IF M1342_STUS_PRBLM_SRGCL_WND[1] = MISSING THEN
   SRG_WND_OBS_NONE = 1
ELSE
   SRG_WND_OBS_NONE = 0
END IF

Status of Surgical Wound: Newly Epithelialized
IF M1342_STUS_PRBLM_SRGCL_WND[1] = 00
THEN
  SRG_WND_OBS_EPI = 1
ELSE
  SRG_WND_OBS_EPI = 0
END IF

Status of Surgical Wound: Fully granulating or early/partial granulation
IF M1342_STUS_PRBLM_SRGCL_WND[1] = 01 OR M1342_STUS_PRBLM_SRGCL_WND[1] = 02
THEN
  SRG_WND_OBS_GRAN = 1
ELSE
  SRG_WND_OBS_GRAN = 0
END IF

Status of Surgical Wound: Not healing
IF M1342_STUS_PRBLM_SRGCL_WND[1] = 03
THEN
  SRG_WND_OBS_NOHEAL = 1
ELSE
  SRG_WND_OBS_NOHEAL = 0
END IF

11. Dyspnea

Dyspnea: Not short of breath
IF (M1400_WHEN_DYSPNEIC[1] = 00)
THEN
  DYSP0 = 1
ELSE
  DYSP0 = 0
END IF

Dyspnea: Walking more than 20 feet, climbing stairs
IF (M1400_WHEN_DYSPNEIC[1] = 01)
THEN
  DYSP1 = 1
ELSE
  DYSP1 = 0
END IF

Dyspnea: Moderate exertion
IF (M1400_WHEN_DYSPNEIC[1] = 02)
THEN
  DYSP2 = 1
ELSE
  DYSP2 = 0
END IF
Dyspnea: Minimal to no exertion
THEN
  DYSP34 = 1
ELSE
  DYSP34 = 0
END IF

12. Urinary Status

Urinary incontinence/catheter: None
IF M1610_UR_INCONT[1] = 00
THEN
  URINCONT_NONE = 1
ELSE
  URINCONT_NONE = 0
END IF

Urinary incontinence/catheter: Incontinent
IF M1610_UR_INCONT[1] = 01
THEN
  URINCONT_INCONT = 1
ELSE
  URINCONT_INCONT = 0
END IF

Urinary incontinence/catheter: Catheter
IF M1610_UR_INCONT[1] = 02
THEN
  URINCONT_CATH = 1
ELSE
  URINCONT_CATH = 0
END IF

13. Bowel Incontinence

Bowel incontinence Frequency: Never or Very Rare
IF M1620_BWL_INCONT[1] = 00 OR M1620_BWL_INCONT[1] = UK
THEN
  BWL_NONE_UK = 1
ELSE
  BWL_NONE_UK = 0
END IF

Bowel incontinence Frequency: Less than once a week
IF M1620_BWL_INCONT[1] = 01
THEN
   BWL_FR1 = 1
ELSE
   BWL_FR1 = 0
END IF

_Bowel incontinence Frequency: One to Three times a week_
IF M1620_BWL_INCONT[1] = 02
THEN
   BWL_FR2 = 1
ELSE
   BWL_FR2 = 0
END IF

_Bowel incontinence Frequency: Four to six times a week or more_
THEN
   BWL_FR345 = 1
ELSE
   BWL_FR345 = 0
END IF

_Bowel incontinence Frequency: Ostomy for bowel elimination_
IF M1620_BWL_INCONT[1] = NA
THEN
   BWL_OSTOMY = 1
ELSE
   BWL_OSTOMY = 0
END IF

14. **Cognitive function**

_Cognitive Functioning: Alert and focused_
IF M1700_COG_FUNCTION[1] = 00
THEN
   COGN0 = 1
ELSE
   COGN0 = 0
END IF

_Cognitive Functioning: Requires prompting under stress_
IF M1700_COG_FUNCTION[1] = 01
THEN
   COGN1 = 1
ELSE
   COGN1 = 0
END IF
Cognitive Functioning: Requires assist in special circumstances
IF M1700_COG_FUNCTION[1] = 02
THEN
    COGN2 = 1
ELSE
    COGN2 = 0
END IF

Cognitive Functioning: Requires considerable assist/totally dependent
THEN
    COGN34 = 1
ELSE
    COGN34 = 0
END IF

15. Confusion

Confused: Never
THEN
    CONF0 = 1
ELSE
    CONF0 = 0
END IF

Confused: In new or complex situations
IF M1710_WHEN_CONFUSED[1] = 01
THEN
    CONF1 = 1
ELSE
    CONF1 = 0
END IF

Confused: Sometimes
THEN
    CONF23 = 1
ELSE
    CONF23 = 0
END IF

Confused: Constantly
IF M1710_WHEN_CONFUSED[1] = 04
THEN
    CONF4 = 1
ELSE
  CONF4 = 0
END IF

16. Anxiety

Anxiety: None of the time
THEN
  ANX0 = 1
ELSE
  ANX0 = 0
END IF

Anxiety: Less often than daily
IF M1720_WHEN_ANXIOUS[1] = 01
THEN
  ANX1 = 1
ELSE
  ANX1 = 0
END IF

Anxiety: Daily, but not constantly
IF M1720_WHEN_ANXIOUS[1] = 02
THEN
  ANX2 = 1
ELSE
  ANX2 = 0
END IF

Anxiety: All of the time
IF M1720_WHEN_ANXIOUS[1] = 03
THEN
  ANX3 = 1
ELSE
  ANX3 = 0
END IF

17. Depression Screening (PHQ-2 Score)

Set PHQ-2 scores to missing value for episodes without PHQ-2 Screenings
THEN
  M1730_PHQ2_LACK_INTRST[1] = .
  M1730_PHQ2_DPRSN[1] = .
END IF
No PHQ-2 Screen or Unable to Respond
THEN
   PHQ2_NA = 1
ELSE
   PHQ2_NA = 0
END IF

PHQ-2 Score: 3-6
IF PHQ2_NA = 1
THEN
   PHQ2_SCOR_3PLUS = 0
ELSE
   IF (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST[1])) >= 3 OR M1730_STDZ_DPRSN_SCRNG = 2
   THEN
      PHQ2_SCOR_3PLUS = 1
   ELSE
      PHQ2_SCOR_3PLUS = 0
   END IF
END IF

PHQ-2 Score: 1 or 2
IF PHQ2_NA = 1
THEN
   PHQ2_SCOR_12 = 0
ELSE
   IF (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST[1])) = 1 OR (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST[1])) = 2
   THEN
      PHQ2_SCOR_12 = 1
   ELSE
      PHQ2_SCOR_12 = 0
   END IF
END IF

PHQ-2 Score: 0 or alt screen does not indicate further evaluation
IF PHQ2_NA = 1
THEN
   PHQ2_SCOR_0 = 0
ELSE
   IF (VAL(M1730_PHQ2_DPRSN[1]) + VAL(M1730_PHQ2_LACK_INTRST[1])) = 0 OR M1730_STDZ_DPRSN_SCRNG[1] = 03
   THEN
      PHQ2_SCOR_0 = 1
   ELSE

21
18. Behavioral Symptoms

Behavioral: None
IF M1740_BD_NONE[1] = 01
THEN
  BEHAV_NONE = 1
ELSE
  BEHAV_NONE = 0
END IF

Behavioral: Memory Deficit
IF M1740_BD_MEM_DEFICIT[1] = 01
THEN
  BEHAV_MEM_DEFICIT = 1
ELSE
  BEHAV_MEM_DEFICIT = 0
END IF

Behavioral: Impaired decision making
IF M1740_BD_IMP_DECISN[1] = 01
THEN
  BEHAV_IMPR_DECISN = 1
ELSE
  BEHAV_IMPR_DECISN = 0
END IF

Behavioral: Verbally disruptive, physical aggression, disruptive, or delusional
THEN
  BEHAV_OTHR = 1
ELSE
  BEHAV_OTHR = 0
END IF

19. Disruptive Behavior Frequency

Frequency of Disruptive Behavior: Never
IF M1745_BEH_PROB_FREQ[1] = 00
THEN
  BEHPFRO = 1
ELSE
  BEHPFRO = 0
END IF
Frequency of Disruptive Behavior: Once a month or less
    BEHPFR12 = 1
ELSE
    BEHPFR12 = 0
END IF

Frequency of Disruptive Behavior: Several times a month
IF M1745_BEH_PROB_FREQ[1] = 03 THEN
    BEHPFR3 = 1
ELSE
    BEHPFR3 = 0
END IF

Frequency of Disruptive Behavior: Several times a week
IF M1745_BEH_PROB_FREQ[1] = 4 THEN
    BEHPFR4 = 1
ELSE
    BEHPFR4 = 0
END IF

Frequency of Disruptive Behavior: At least once daily
IF M1745_BEH_PROB_FREQ[1] = 5 THEN
    BEHPFR5 = 1
ELSE
    BEHPFR5 = 0
END IF

20. Grooming

Grooming: Able to groom self unaided
IF M1800_CRNT_GROOMING[1] = 00 THEN
    GROOM0 = 1
ELSE
    GROOM0 = 0
END IF

Grooming: Grooming utensils must be placed within reach
IF M1800_CRNT_GROOMING[1] = 01 THEN
    GROOM1 = 1
ELSE
  GROOM1 = 0
END IF

Grooming: Assistance needed
IF M1800_CRNT_GROOMING[1] = 02 THEN
  GROOM2 = 1
ELSE
  GROOM2 = 0
END IF

Grooming: Entirely dependent upon someone else
IF M1800_CRNT_GROOMING[1] = 03 THEN
  GROOM3 = 1
ELSE
  GROOM3 = 0
END IF

21. Upper Body Dressing

Ability to Dress Upper Body: No help needed
IF M1810_CRNT_DRESS_UPPER[1] = 00 THEN
  UPPER0 = 1
ELSE
  UPPER0 = 0
END IF

Ability to Dress Upper Body: Needs clothing laid out
IF M1810_CRNT_DRESS_UPPER[1] = 01 THEN
  UPPER1 = 1
ELSE
  UPPER1 = 0
END IF

Ability to Dress Upper Body: Needs assistance needed putting on clothing
IF M1810_CRNT_DRESS_UPPER[1] = 02 THEN
  UPPER2 = 1
ELSE
  UPPER2 = 0
END IF

Ability to Dress Upper Body: Entirely dependent upon someone else
IF M1810_CRNT_DRESS_UPPER[1] = 03 THEN
  UPPER3 = 1
ELSE
  UPPER3 = 0
END IF

22. Lower Body Dressing

*Ability to Dress Lower Body: No help needed*
IF M1820_CRNT_DRESS_LOWER[1] = 00 THEN
  LOWER0 = 1
ELSE
  LOWER0 = 0
END IF

*Ability to Dress Lower Body: Needs clothing/shoes laid out*
IF M1820_CRNT_DRESS_LOWER[1] = 01 THEN
  LOWER1 = 1
ELSE
  LOWER1 = 0
END IF

*Ability to Dress Lower Body: Assist needed putting on clothing*
IF M1820_CRNT_DRESS_LOWER[1] = 02 THEN
  LOWER2 = 1
ELSE
  LOWER2 = 0
END IF

*Ability to Dress Lower Body: Entirely dependent upon someone else*
IF M1820_CRNT_DRESS_LOWER[1] = 03 THEN
  LOWER3 = 1
ELSE
  LOWER3 = 0
END IF

23. Bathing

*Bathing: Independently in shower/tub*
IF M1830_CRNT_BATHING[1] = 00 THEN
  BATH0 = 1
ELSE
    BATH0 = 0
END IF

Bathing: With the use of devices in shower/tub
IF M1830_CRNT_BATHING[1] = 01 THEN
    BATH1 = 1
ELSE
    BATH1 = 0
END IF

Bathing: With intermittent assistance in shower/tub
IF M1830_CRNT_BATHING[1] = 02 THEN
    BATH2 = 1
ELSE
    BATH2 = 0
END IF

Bathing: Participates with supervision in shower/tub
IF M1830_CRNT_BATHING[1] = 03 THEN
    BATH3 = 1
ELSE
    BATH3 = 0
END IF

Bathing: Independent at sink, in chair, or on commode
IF M1830_CRNT_BATHING[1] = 04 THEN
    BATH4 = 1
ELSE
    BATH4 = 0
END IF

Bathing: Participates with assist at sink, in chair, or commode
IF M1830_CRNT_BATHING[1] = 05 THEN
    BATH5 = 1
ELSE
    BATH5 = 0
END IF

Bathing: Unable to participate; bathed totally by another
IF M1830_CRNT_BATHING[1] = 06 THEN
    BATH6 = 1
ELSE
  BATH6 = 0
END IF

24. Toilet Transferring

Toilet Transferring: No assistance needed
IF M1840_CRNT_TOILTG[1] = 00
  THEN   TLTTRN0 = 1
ELSE   TLTTRN0 = 0
END IF

Toilet Transferring: To/from/on/off toilet with human assist
IF M1840_CRNT_TOILTG[1] = 01
  THEN   TLTTRN1 = 1
ELSE   TLTTRN1 = 0
END IF

Toilet Transferring: Able to self-transfer to bedside commode
IF M1840_CRNT_TOILTG[1] = 02
  THEN   TLTTRN2 = 1
ELSE   TLTTRN2 = 0
END IF

Toilet Transferring: Unable to transfer to/from toilet or commode
  THEN   TLTTRN34 = 1
ELSE   TLTTRN34 = 0
END IF

25. Toilet Hygiene

Toilet Hygiene Assistance: None needed
IF M1845_CRNT_TOILTG_HYGN[1] = 00
  THEN   TLTHYG0 = 1
ELSE   TLTHYG0 = 0
END IF
Toilet Hygiene Assistance: Needs supplies laid out
IF M1845_CRNT_TOILTG_HYGN[1] = 01
THEN
   TLTHYG1 = 1
ELSE
   TLTHYG1 = 0
END IF

Toilet Hygiene Assistance: Needs assistance
IF M1845_CRNT_TOILTG_HYGN[1] = 02
THEN
   TLTHYG2 = 1
ELSE
   TLTHYG2 = 0
END IF

Toilet Hygiene Assistance:
IF M1845_CRNT_TOILTG_HYGN[1] = 03
THEN
   TLTHYG3 = 1
ELSE
   TLTHYG3 = 0
END IF

26. Transferring

Transferring: No assistance needed
IF M1850_CRNT_TRNSFRNG[1] = 00
THEN
   TRNFR0 = 1
ELSE
   TRNFR0 = 0
END IF

Transferring: With minimal human assist or with device
IF M1850_CRNT_TRNSFRNG[1] = 01
THEN
   TRNFR1 = 1
ELSE
   TRNFR1 = 0
END IF

Transferring: Bears weight and pivots only
IF M1850_CRNT_TRNSFRNG[1] = 02
THEN
   TRNFR2 = 1
ELSE
    TRNFR2 = 0
END IF

*Transferring: Unable or bedfast*
    TRNFR345 = 1
ELSE
    TRNFR345 = 0
END IF

27. *Ambulation*

*Ambulation/Locomotion: Walk Independently*
IF M1860_CUR_AMBLTN[1] = 00 THEN
    AMB0 = 1
ELSE
    AMB0 = 0
END IF

*Ambulation/Locomotion: One-handed device on all surfaces*
IF M1860_CUR_AMBLTN[1] = 01 THEN
    AMB1 = 1
ELSE
    AMB1 = 0
END IF

*Ambulation/Locomotion: Two-handed device/human assist on steps*
IF M1860_CUR_AMBLTN[1] = 02 THEN
    AMB2 = 1
ELSE
    AMB2 = 0
END IF

*Ambulation/Locomotion: Walks only with supervision or assist*
IF M1860_CUR_AMBLTN[1] = 03 THEN
    AMB3 = 1
ELSE
    AMB3 = 0
END IF
Ambulation/Locomotion: Chairfast or bedfast
  AMB456 = 1
ELSE
  AMB456 = 0
END IF

28. Feeding or Eating

Eating: Independent
IF M1870_CRNT_FEEDING[1] = 0 THEN
  EAT0 = 1
ELSE
  EAT0 = 0
END IF

Eating: Requires set up, intermittent assist or modified consistency
IF M1870_CRNT_FEEDING[1] = 1 THEN
  EAT1 = 1
ELSE
  EAT1 = 0
END IF

Eating: Unable to feed self and must be assisted throughout meal
IF M1870_CRNT_FEEDING[1] = 2 THEN
  EAT2 = 1
ELSE
  EAT2 = 0
END IF

Eating: Requires tube feedings, or no nutrients orally or via tube
  EAT345 = 1
ELSE
  EAT345 = 0
END IF

29. Oral Medication Management

Management of Oral Meds: Independent
M2020_CRNT_MGMT_ORAL_MDCTN[1] = ^ OR
M2020_CRNT_MGMT_ORAL_MDCTN[1] = MISSING
THEN
  ORMED0 = 1
ELSE
  ORMED0 = 0
END IF

Management of Oral Meds: Advance dose prep/chart needed
IF M2020_CRNT_MGMT_ORAL_MDCTN[1] = 01
THEN
  ORMED1 = 1
ELSE
  ORMED1 = 0
END IF

Management of Oral Meds: Reminders needed
IF M2020_CRNT_MGMT_ORAL_MDCTN[1] = 02
THEN
  ORMED2 = 1
ELSE
  ORMED2 = 0
END IF

Management of Oral Meds: Unable
IF M2020_CRNT_MGMT_ORAL_MDCTN[1] = 03
THEN
  ORMED3 = 1
ELSE
  ORMED3 = 0
END IF

30. Supervision and Safety Assistance

None needed
IF M2102_CARE_TYPE_SRC_SPRVSN[1] = 00
THEN
  SPRVSN_NONE_NEEDED = 1
ELSE
  SPRVSN_NONE_NEEDED = 0
END IF

Caregiver currently provides
IF M2102_CARE_TYPE_SRC_SPRVSN[1] = 01
THEN
  SPRVSN.CG_PROVIDES = 1
ELSE
SPRVSN_CG_PROVIDES = 0
END IF

Caregiver training needed
IF M2102_CARE_TYPE_SRC_SPRVSN[1] = 02 THEN
    SPRVSN_NEED_TRAINING = 1
ELSE
    SPRVSN_NEED_TRAINING = 0
END IF

Uncertain/unlikely to be provided
    SPRVSN_CG_UNCERTAIN_NONE = 1
ELSE
    SPRVSN_CG_UNCERTAIN_NONE = 0
END IF

31. Home Care Diagnoses
Note: Several intermediate variables are calculated for use in the calculation of these measures.

HC_DIAG1 = M1021_PRIMARY_DIAG_ICD[1]
HC_DIAG2 = M1023_OTH_DIAG1_ICD[1]
HC_DIAG3 = M1023_OTH_DIAG2_ICD[1]
HC_DIAG4 = M1023_OTH_DIAG3_ICD [1]
HC_DIAG5 = M1023_OTH_DIAG4_ICD[1]
HC_DIAG6 = M1023_OTH_DIAG5_ICD[1]

Infections/parasitic diseases (%)
IF (HC_DIAG1 >= “A00” and HC_DIAG1 <= “B99”) OR (HC_DIAG2 >= “A00” and HC_DIAG2 <= “B99”) OR (HC_DIAG3 >= “A00” and HC_DIAG3 <= “B99”) OR (HC_DIAG4 >= “A00” and HC_DIAG4 <= “B99”) OR (HC_DIAG5 >= “A00” and HC_DIAG5 <= “B99”) OR (HC_DIAG6 >= “A00” and HC_DIAG6 <= “B99”) THEN
    HC_DX_INFECT = 1
ELSE
    HC_DX_INFECT = 0
END IF

Neoplasms (%)
IF (HC_DIAG1 >= “C00” and HC_DIAG1 <= “D49”) OR (HC_DIAG2 >= “C00” and HC_DIAG2 <= “D49”) OR (HC_DIAG3 >= “C00” and HC_DIAG3 <= “D49”) OR (HC_DIAG4 >= “C00” and HC_DIAG4 <= “D49”) OR (HC_DIAG5 >= “C00” and HC_DIAG5 <= “D49”) OR (HC_DIAG6 >= “C00” and HC_DIAG6 <= “D49”) THEN
    HC_DX_NEOPLASM = 1
ELSE
    HC_DX_NEOPLASM = 0
END IF

Endocrine/nutrit./metabolic (%)
IF (HC_DIAG1 >= “E00” and HC_DIAG1 <= “E89”) OR (HC_DIAG2 >= “E00” and HC_DIAG2 <= “E89”) OR (HC_DIAG3 >= “E00” and HC_DIAG3 <= “E89”) OR (HC_DIAG4 >= “E00” and HC_DIAG4 <= “E89”) OR (HC_DIAG5 >= “E00” and HC_DIAG5 <= “E89”) OR (HC_DIAG6 >= “E00” and HC_DIAG6 <= “E89”)
THEN
    HC_DX_ENDOCRINE = 1
ELSE
    HC_DX_ENDOCRINE = 0
END IF

Blood diseases (%)
IF (HC_DIAG1 >= “D50” and HC_DIAG1 <= “D89”) OR (HC_DIAG2 >= “D50” and HC_DIAG2 <= “D89”) OR (HC_DIAG3 >= “D50” and HC_DIAG3 <= “D89”) OR (HC_DIAG4 >= “D50” and HC_DIAG4 <= “D89”) OR (HC_DIAG5 >= “D50” and HC_DIAG5 <= “D89”) OR (HC_DIAG6 >= “D50” and HC_DIAG6 <= “D89”)
THEN
    HC_DX_BLOOD = 1
ELSE
    HC_DX_BLOOD = 0
END IF

Mental diseases (%)
IF (HC_DIAG1 >= “F01” and HC_DIAG1 <= “F99”) OR (HC_DIAG2 >= “F01” and HC_DIAG2 <= “F99”) OR (HC_DIAG3 >= “F01” and HC_DIAG3 <= “F99”) OR (HC_DIAG4 >= “F01” and HC_DIAG4 <= “F99”) OR (HC_DIAG5 >= “F01” and HC_DIAG5 <= “F99”) OR (HC_DIAG6 >= “F01” and HC_DIAG6 <= “F99”)
THEN
    HC_DX_MENTAL = 1
ELSE
    HC_DX_MENTAL = 0
END IF

Nervous system diseases (%)
IF (HC_DIAG1 >= “G00” and HC_DIAG1 <= “G99”) OR (HC_DIAG2 >= “G00” and HC_DIAG2 <= “G99”) OR (HC_DIAG3 >= “G00” and HC_DIAG3 <= “G99”) OR (HC_DIAG4 >= “G00” and HC_DIAG4 <= “G99”) OR (HC_DIAG5 >= “G00” and HC_DIAG5 <= “G99”) OR (HC_DIAG6 >= “G00” and HC_DIAG6 <= “G99”)
THEN
    HC_DX_NERVOUS = 1
ELSE
    HC_DX_NERVOUS = 0
END IF
Diseases of the eye (%)
IF (HC_DIAG1 >= “H00” and HC_DIAG1 <= “H59”) OR (HC_DIAG2 >= “H00” and HC_DIAG2 <= “H59”) OR (HC_DIAG3 >= “H00” and HC_DIAG3 <= “H59”) OR (HC_DIAG4 >= “H00” and HC_DIAG4 <= “H59”) OR (HC_DIAG5 >= “H00” and HC_DIAG5 <= “H59”) OR (HC_DIAG6 >= “H00” and HC_DIAG6 <= “H59”)
THEN
   HC_DX_EYE = 1
ELSE
   HC_DX_EYE = 0
END IF

Diseases of the ear (%)
IF (HC_DIAG1 >= “H60” and HC_DIAG1 <= “H95”) OR (HC_DIAG2 >= “H60” and HC_DIAG2 <= “H95”) OR (HC_DIAG3 >= “H60” and HC_DIAG3 <= “H95”) OR (HC_DIAG4 >= “H60” and HC_DIAG4 <= “H95”) OR (HC_DIAG5 >= “H60” and HC_DIAG5 <= “H95”) OR (HC_DIAG6 >= “H60” and HC_DIAG6 <= “H95”)
THEN
   HC_DX_EAR = 1
ELSE
   HC_DX_EAR = 0
END IF

Circulatory system diseases (%)
IF (HC_DIAG1 >= “I00” and HC_DIAG1 <= “I99”) OR (HC_DIAG2 >= “I00” and HC_DIAG2 <= “I99”) OR (HC_DIAG3 >= “I00” and HC_DIAG3 <= “I99”) OR (HC_DIAG4 >= “I00” and HC_DIAG4 <= “I99”) OR (HC_DIAG5 >= “I00” and HC_DIAG5 <= “I99”) OR (HC_DIAG6 >= “I00” and HC_DIAG6 <= “I99”)
THEN
   HC_DX_CIRCULATORY = 1
ELSE
   HC_DX_CIRCULATORY = 0
END IF

Respiratory system diseases (%)
IF (HC_DIAG1 >= “J00” and HC_DIAG1 <= “J99”) OR (HC_DIAG2 >= “J00” and HC_DIAG2 <= “J99”) OR (HC_DIAG3 >= “J00” and HC_DIAG3 <= “J99”) OR (HC_DIAG4 >= “J00” and HC_DIAG4 <= “J99”) OR (HC_DIAG5 >= “J00” and HC_DIAG5 <= “J99”) OR (HC_DIAG6 >= “J00” and HC_DIAG6 <= “J99”)
THEN
   HC_DX_RESPIRATORY = 1
ELSE
   HC_DX_RESPIRATORY = 0
END IF

Digestive system diseases (%)
IF (HC_DIAG1 >= “K00” and HC_DIAG1 <= “K95”) OR (HC_DIAG2 >= “K00” and HC_DIAG2 <= “K95”) OR (HC_DIAG3 >= “K00” and HC_DIAG3 <= “K95”) OR (HC_DIAG4 >= “K00” and HC_DIAG4 <= “K95”) OR (HC_DIAG5 >= “K00” and HC_DIAG5 <= “K95”) OR (HC_DIAG6 >= “K00” and HC_DIAG6 <= “K95”)
THEN
   HC_DX_DIGESTIVE = 1
ELSE
   HC_DX_DIGESTIVE = 0
END IF
Skin/subcutaneous diseases (%) 
IF (HC_DIAG1 >= “L00” and HC_DIAG1 <= “L99”) OR (HC_DIAG2 >= “L00” and HC_DIAG2 <= “L99”) OR (HC_DIAG3 >= “L00” and HC_DIAG3 <= “L99”) OR (HC_DIAG4 >= “L00” and HC_DIAG4 <= “L99”) OR (HC_DIAG5 >= “L00” and HC_DIAG5 <= “L99”) OR (HC_DIAG6 >= “L00” and HC_DIAG6 <= “L99”)  
THEN  
HC_DX_SKIN = 1  
ELSE  
HC_DX_SKIN = 0  
END IF

Musculoskeletal sys. diseases (%) 
IF (HC_DIAG1 >= “M00” and HC_DIAG1 <= “M99”) OR (HC_DIAG2 >= “M00” and HC_DIAG2 <= “M99”) OR (HC_DIAG3 >= “M00” and HC_DIAG3 <= “M99”) OR (HC_DIAG4 >= “M00” and HC_DIAG4 <= “M99”) OR (HC_DIAG5 >= “M00” and HC_DIAG5 <= “M99”) OR (HC_DIAG6 >= “M00” and HC_DIAG6 <= “M99”)  
THEN  
HC_DX_MUSCL_SKEL = 1  
ELSE  
HC_DX_MUSCL_SKEL = 0  
END IF

Genitourinary diseases (%) 
IF (HC_DIAG1 >= “N00” and HC_DIAG1 <= “N99”) OR (HC_DIAG2 >= “N00” and HC_DIAG2 <= “N99”) OR (HC_DIAG3 >= “N00” and HC_DIAG3 <= “N99”) OR (HC_DIAG4 >= “N00” and HC_DIAG4 <= “N99”) OR (HC_DIAG5 >= “N00” and HC_DIAG5 <= “N99”) OR (HC_DIAG6 >= “N00” and HC_DIAG6 <= “N99”)  
THEN  
HC_DX_GEN_URINARY = 1  
ELSE  
HC_DX_GEN_URINARY = 0  
END IF

Symptoms, signs, abnormal findings (%) 
IF (HC_DIAG1 >= “R00” and HC_DIAG1 <= “R99”) OR (HC_DIAG2 >= “R00” and HC_DIAG2 <= “R99”) OR (HC_DIAG3 >= “R00” and HC_DIAG3 <= “R99”) OR (HC_DIAG4 >= “R00” and HC_DIAG4 <= “R99”) OR (HC_DIAG5 >= “R00” and HC_DIAG5 <= “R99”) OR (HC_DIAG6 >= “R00” and HC_DIAG6 <= “R99”)  
THEN  
HC_DX_INT_ABNORM = 1  
ELSE  
HC_DX_INT_ABNORM = 0  
END IF

Injury, poisoning, other external causes (%) 
IF (HC_DIAG1 >= “S00” and HC_DIAG1 <= “T88”) OR (HC_DIAG2 >= “S00” and HC_DIAG2 <= “T88”) OR (HC_DIAG3 >= “S00” and HC_DIAG3 <= “T88”) OR (HC_DIAG4 >= “S00” and HC_DIAG4 <= “T88”) OR (HC_DIAG5 >= “S00” and HC_DIAG5 <= “T88”) OR (HC_DIAG6 >= “S00” and HC_DIAG6 <= “T88”)  
THEN  
HC_DX_EXT_INJURY = 1  
ELSE
HC_DX_EXT_INJURY = 0
END IF

External causes of morbidity (%)
IF (HC_DIAG1 >= "V00" and HC_DIAG1 <= "Y99") OR (HC_DIAG2 >= "V00" and HC_DIAG2 <= "Y99") OR (HC_DIAG3 >= "V00" and HC_DIAG3 <= "Y99") OR (HC_DIAG4 >= "V00" and HC_DIAG4 <= "Y99") OR (HC_DIAG5 >= "V00" and HC_DIAG5 <= "Y99") OR (HC_DIAG6 >= "V00" and HC_DIAG6 <= "Y99")
THEN
HC_DX_EXT_MORB = 1
ELSE
HC_DX_EXT_MORB = 0
END IF

Influences of health status (%)
IF (HC_DIAG1 >= "Z00" and HC_DIAG1 <= "Z99") OR (HC_DIAG2 >= "Z00" and HC_DIAG2 <= "Z99") OR (HC_DIAG3 >= "Z00" and HC_DIAG3 <= "Z99") OR (HC_DIAG4 >= "Z00" and HC_DIAG4 <= "Z99") OR (HC_DIAG5 >= "Z00" and HC_DIAG5 <= "Z99") OR (HC_DIAG6 >= "Z00" and HC_DIAG6 <= "Z99")
THEN
HC_DX_HLTH_FACTORS = 1
ELSE
HC_DX_HLTH_FACTORS = 0
END IF
## Appendix Table 1: Description of Risk Factors

Effective January 1, 2021

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<th>Risk Factor #</th>
<th>Risk Factor</th>
<th>Covariate</th>
<th>Response Notes</th>
<th>OASIS Item</th>
<th>OASIS Item Description</th>
<th>Variable Name</th>
<th>Excluded Category Indicator</th>
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<td>Calculated off birth date</td>
<td>M0066</td>
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<td>Age: 70-74</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
<td>AGE_70_74</td>
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<td>Age: 75-79</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
<td>AGE_75_79</td>
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<td>Age: 80-84</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
<td>AGE_80_84</td>
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<td>Age: 85-89</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
<td>AGE_85_89</td>
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<td>Age: 90-94</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
<td>AGE_90_94</td>
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<td>Age: 95+</td>
<td>Calculated off birth date</td>
<td>M0066</td>
<td>Birth Date</td>
<td>AGE_95PLUS</td>
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<td>2</td>
<td>Gender</td>
<td>Patient is female</td>
<td>response 2</td>
<td>M0069</td>
<td>Gender</td>
<td>GENDER_FEMALE</td>
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<td>Patient is male</td>
<td>response 1</td>
<td>M0069</td>
<td>Gender</td>
<td>GENDER_MALE</td>
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<td>3</td>
<td>Payment source</td>
<td>Payment source: Medicare FFS only</td>
<td>response 1 &amp; NOT any other response</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_MCARE_FFS</td>
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<td></td>
<td>Payment source: Medicare HMO only</td>
<td>response 2 &amp; NOT any other response</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_MCARE_HMO</td>
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<td>Payment source: Medicare and Medicaid</td>
<td>response (1 or 2) &amp; (3 or 4)</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_MCAREANDMCAID</td>
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<td>Payment Source: Medicaid only</td>
<td>response (3 or 4) &amp; NOT any other response</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_MCAIDONLY</td>
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<td>Payment Source: Other combinations</td>
<td>Not one of the above four categories</td>
<td>M0150</td>
<td>Current Payment Sources for Home Care</td>
<td>PAY_OTHER_COMBO</td>
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<td>4</td>
<td>SOC/ROC and Admission Source</td>
<td>Start of Care and inpatient admission</td>
<td>M0100 = 1 &amp; M1000 = 1, 2, 3, 4, 5, or 6</td>
<td>M0100, M1000</td>
<td>(M0100) Reason for assessment; (M1000) Admission source</td>
<td>SOC_INPT</td>
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<td>Start of Care and community admission</td>
<td>M0100 = 1 &amp; M1000 NOT 1, 2, 3, 4, 5, or 6</td>
<td>M0100, M1000</td>
<td>(M0100) Reason for assessment; (M1000) Admission source</td>
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<td>Resumption of care (after inpatient stay)</td>
<td>M0100=3</td>
<td>M0100</td>
<td>Reason for assessment</td>
<td>ROC</td>
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<td>Risk Factor</td>
<td>Covariate</td>
<td>Response Notes</td>
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<td>OASIS Item Description</td>
<td>Variable Name</td>
<td>Excluded Category Indicator</td>
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<td>5</td>
<td>Post-acute facility admission source</td>
<td>Discharged from post-acute facility in past 14 days</td>
<td>response 1, 2, 4, 5, or 6</td>
<td>M1000</td>
<td>Inpatient Facilities</td>
<td>INPT_POSTACUTE</td>
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<td>Not discharged from post-acute facility</td>
<td>NOT response 1, 2, 4, 5, and 6</td>
<td>M1000</td>
<td>Inpatient Facilities</td>
<td>INPT_NOPOSTACUTE</td>
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<td>6</td>
<td>Risk of Hospitalization</td>
<td>Risk for Hospitalization: History of falls in past 12 months</td>
<td>response 1</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_HSTRY_FALLS</td>
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<td>Risk for Hospitalization: Unintentional weight loss in past 12 months</td>
<td>response 2</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_WEIGHTLOSS</td>
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<td>Risk for Hospitalization: Multiple hospitalizations in past 6 months</td>
<td>response 3</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_MLTPL_HOSPZTN</td>
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<td>Risk for Hospitalization: Multiple ED visits in past 6 months</td>
<td>response 4</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_ED</td>
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<td>Risk for Hospitalization: Recent mental/emotional decline in past 3 months</td>
<td>response 5</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_RCNT_DCLN</td>
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<td>Risk for Hospitalization: Difficulty complying with medical instruction in past 3 months</td>
<td>response 6</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_COMPLY</td>
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<td>Risk for Hospitalization: Taking five or more medications</td>
<td>response 7</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_SPLUS_MDCTN</td>
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<td>Risk for Hospitalization: Reports exhaustion</td>
<td>response 8</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_EXHAUST</td>
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<td>Risk for Hospitalization: Other unlisted risk factors</td>
<td>response 9</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_OTHR</td>
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<td>None of the above</td>
<td>response 10</td>
<td>M1033</td>
<td>Risk for Hospitalization</td>
<td>RISK_NONE</td>
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<td>7</td>
<td>Availability of Assistance</td>
<td>Around the clock</td>
<td>response 1, 6, or 11</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_ARND_CLOCK</td>
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<td>Regular daytime</td>
<td>response 2, 7, or 12</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_REGDAY</td>
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<td>Regular nighttime</td>
<td>response 3, 8, or 13</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_REGNITE</td>
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<td>Occasional/none</td>
<td>response 4, 5, 9, 10, 14, or 15</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>ASSIST_OCC_NONE</td>
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<td>Living Arrangement: Lives alone</td>
<td>response 1, 2, 3, 4, or 5</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>LIV_ALONE</td>
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<td>Covariate</td>
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<td>OASIS Item Description</td>
<td>Variable Name</td>
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<td>8</td>
<td>Pressure Ulcers</td>
<td>Living Arrangement: Lives with another person</td>
<td>response 6, 7, 8, 9, or 10</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>LIV_OTHERS</td>
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<td>Living Arrangement: Lives in congregate situation</td>
<td>response 11, 12, 13, 14, or 15</td>
<td>M1100</td>
<td>Patient Living Situation</td>
<td>LIV_CONGREGATE</td>
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<tr>
<td>8</td>
<td>Pressure Ulcers</td>
<td>Pressure ulcer: None or Stage I only present</td>
<td>M1306 response 0 &amp; M1322 response 0, 1, 2, 3, or 4</td>
<td>M1306 M1322</td>
<td>At least 1 Stage 2 or unstageable PU? Current number of Stage 1 PUs</td>
<td>PU_NONE_STG1ONLY</td>
<td>Excluded category</td>
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<td>Pressure ulcer: Stage II or higher or unstageable present</td>
<td>response A1 &gt; 0 OR B1 &gt; 0 OR C1 &gt; 0 OR D1&gt;0 OR E1&gt;0 OR F1&gt;0</td>
<td>M1311</td>
<td>Number of PUs at each stage</td>
<td>PU_STG2PLUS_UNSTG</td>
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<td>9</td>
<td>Stasis Ulcer</td>
<td>Stasis Ulcer: None</td>
<td>response 0 or 3</td>
<td>M1330</td>
<td>Does this patient have a Stasis Ulcer?</td>
<td>STAS_ULCR_NONE</td>
<td>Excluded category</td>
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<td>Stasis Ulcer: 1 observable stasis ulcer</td>
<td>response 1</td>
<td>M1332</td>
<td>Number of stasis ulcers</td>
<td>STAS_ULCR_OBS_1</td>
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<td>Stasis Ulcer: Multiple observable stasis ulcers</td>
<td>response 2, 3, or 4</td>
<td>M1332</td>
<td>Number of stasis ulcers</td>
<td>STAS_ULCR_OBS_2PLUS</td>
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<tr>
<td>10</td>
<td>Surgical Wound</td>
<td>Status of Surgical Wound: None</td>
<td>Not response 0, 1, 2, 3</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_NONE</td>
<td>Excluded category</td>
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<td>Status of Surgical Wound: Newly epithelialized</td>
<td>response 0</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_EPI</td>
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<td>Status of Surgical Wound: Fully granulating or early/partial granulation</td>
<td>response 1 or 2</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_GRAN</td>
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<td>Status of Surgical Wound: Not healing</td>
<td>response 3</td>
<td>M1342</td>
<td>Status of Most Problematic Surgical Wound that is Observable</td>
<td>SRG_WND_OBS_NOHEAL</td>
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<td>11</td>
<td>Dyspnea</td>
<td>Dyspnea: Not short of breath</td>
<td>response 0</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP0</td>
<td>Excluded category</td>
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<td>Risk Factor #</td>
<td>Risk Factor</td>
<td>Covariate</td>
<td>Response Notes</td>
<td>OASIS Item</td>
<td>OASIS Item Description</td>
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<td>Dyspnea: Walking more than 20 feet, climbing stairs</td>
<td>response 1</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP1</td>
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<td>Dyspnea: Moderate exertion</td>
<td>response 2</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP2</td>
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<td>Dyspnea: Minimal to no exertion</td>
<td>response 3 or 4</td>
<td>M1400</td>
<td>When is the patient dyspneic or noticeably Short of Breath?</td>
<td>DYSP34</td>
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<td>12</td>
<td>Urinary Status</td>
<td>Urinary incontinence/catheter: None</td>
<td>response 0</td>
<td>M1610</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>URINCONT_NONE</td>
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<td>Urinary incontinence/catheter: Incontinent</td>
<td>response 1</td>
<td>M1610</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>URINCONT_INCONT</td>
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<td>Urinary incontinence/catheter: Catheter</td>
<td>response 2</td>
<td>M1610</td>
<td>Urinary Incontinence or Urinary Catheter Presence</td>
<td>URINCONT_CATH</td>
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<td>13</td>
<td>Bowel Incontinence</td>
<td>Bowel Incontinence Frequency: Never or very rare</td>
<td>response 0 and UK</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_NONE_UK</td>
<td>Excluded category</td>
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<td>Bowel Incontinence Frequency: Less than once a week</td>
<td>response 1</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_FR1</td>
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<td>Bowel Incontinence Frequency: One to three times a week</td>
<td>response 2</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_FR2</td>
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<td>Bowel Incontinence Frequency: Four to six times a week or more</td>
<td>response 3, 4 or 5</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_FR345</td>
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<td>Bowel Incontinence Frequency: Ostomy for bowel elimination</td>
<td>NA</td>
<td>M1620</td>
<td>Bowel Incontinence Frequency</td>
<td>BWL_OSTOMY</td>
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<td>14</td>
<td>Cognitive function</td>
<td>Cognitive Functioning: Alert and focused</td>
<td>response 0</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN0</td>
<td>Excluded category</td>
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<td>Cognitive Functioning: Requires prompting under stress</td>
<td>response 1</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN1</td>
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<td>Cognitive Functioning: Requires assist in special circumstances</td>
<td>response 2</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN2</td>
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<td>Cognitive Functioning: Requires considerable assist/totally dependent</td>
<td>response 3 or 4</td>
<td>M1700</td>
<td>Cognitive Functioning</td>
<td>COGN34</td>
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<td>Covariate</td>
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<td>15</td>
<td>Confusion</td>
<td>Confused: never</td>
<td>response 0 or NA</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF0</td>
<td>Excluded category</td>
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<td>Confused: In new or complex</td>
<td>response 1</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF1</td>
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<td>situations</td>
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<td>Confused: Sometimes</td>
<td>response 2 or 3</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF23</td>
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<td>Confused: Constantly</td>
<td>response 4</td>
<td>M1710</td>
<td>When Confused (Reported or Observed Within the Last 14 Days)</td>
<td>CONF4</td>
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<td>16</td>
<td>Anxiety</td>
<td>Anxiety: None of the time</td>
<td>response 0 or NA</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX0</td>
<td>Excluded category</td>
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<td>Anxiety: Less often than daily</td>
<td>response 1</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX1</td>
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<td>Anxiety: Daily, but not</td>
<td>response 2</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX2</td>
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<td>constantly</td>
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<td></td>
<td>Anxiety: All of the time</td>
<td>response 3</td>
<td>M1720</td>
<td>When Anxious (Reported or Observed Within the Last 14 Days)</td>
<td>ANX3</td>
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<td>Depression</td>
<td>PHQ-2 Score: 0</td>
<td>Sum of responses = 0 or alternative screening and does not meet criteria for further evaluation. Need responses for both questions</td>
<td>M1730</td>
<td>Score of PHQ2</td>
<td>PHQ2_SCOR_0</td>
<td>Excluded category</td>
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<td>Screening</td>
<td>PHQ-2 Score: 1-2</td>
<td>Sum of responses = 1,2. Need responses for both questions</td>
<td>M1730</td>
<td>Score of PHQ2</td>
<td>PHQ2_SCOR_12</td>
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41
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<tr>
<th>Risk Factor #</th>
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<tr>
<td>18</td>
<td>Behavioral Symptoms</td>
<td>PHQ-2 Score: 3-6</td>
<td>Sum of responses = 3 or alternative screening and meets criteria for further evaluation. Need responses for both questions</td>
<td>M1730</td>
<td>Score of PHQ2</td>
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<td>Behavioral Symptoms</td>
<td>PHQ-2 Score: None</td>
<td>No screening or PHQ-2 screening performed but unable to respond on either the depression or the loss of interest field</td>
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<td>Score of PHQ2</td>
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<td>19</td>
<td>Disruptive Behavior Frequency</td>
<td>Behavioral: None</td>
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<td>Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)</td>
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<td>Disruptive Behavior Frequency</td>
<td>Behavioral: Memory deficit</td>
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<td>Disruptive Behavior Frequency</td>
<td>Behavioral: Impaired decision making</td>
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<td>Disruptive Behavior Frequency</td>
<td>Behavioral: Verbally disruptive, physical aggression, disruptive, or delusional</td>
<td>response 3, 4, 5 or 6</td>
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<td>Cognitive, behavioral, and psychiatric symptoms that are demonstrated at least once a week (Reported or Observed)</td>
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<td>Disruptive Behavior Frequency</td>
<td>Frequency of Disruptive Behavior: Never</td>
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<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</td>
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<td>Frequency of Disruptive Behavior: Once a month or less</td>
<td>response 1 or 2</td>
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<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</td>
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<td>Frequency of Disruptive Behavior: Several times a month</td>
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<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</td>
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<td>Frequency of Disruptive Behavior Symptoms (Reported or Observed)</td>
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<td>Frequency of Disruptive Behavior: At least once daily</td>
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<td>Grooming</td>
<td>Grooming: Able to groom unaided</td>
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<td>Grooming: Grooming utensils must be placed within reach</td>
<td>response 1</td>
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<td>Grooming: Assistance needed</td>
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<td>Grooming: Entirely dependent upon someone else</td>
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<td>Upper Body Dressing</td>
<td>Ability to Dress Upper Body: No help needed</td>
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<td>Ability to Dress Upper Body</td>
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<td>Ability to Dress Upper Body: Needs clothing laid out</td>
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<td>Ability to Dress Upper Body: Needs assistance putting on clothing</td>
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<td>22</td>
<td>Lower Body Dressing</td>
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<td>23</td>
<td>Bathing</td>
<td>Ability to Dress Lower Body: Assist needed putting on clothing</td>
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<td>Bathing</td>
<td>Bathing: Independently in shower/tub</td>
<td>response 0</td>
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<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>Bathing</td>
<td>Bathing: With the use of devices in shower/tub</td>
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<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>23</td>
<td>Bathing</td>
<td>Bathing: With intermittent assistance in shower/tub</td>
<td>response 2</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>Bathing</td>
<td>Bathing: Participates with supervision in shower/tub</td>
<td>response 3</td>
<td>M1830</td>
<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>Bathing</td>
<td>Bathing: Independent at sink, in chair, or on commode</td>
<td>response 4</td>
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<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>Bathing: Participates with assist at sink, in chair, or commode</td>
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<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>Bathing</td>
<td>Bathing: Unable to participate; bathed totally by another</td>
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<td>Bathing: Excludes grooming (washing face, washing hands, and shampooing hair).</td>
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<td>Toilet Transferring</td>
<td>Toilet Transferring: No assistance needed</td>
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<td>Toilet Transferring</td>
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<td>Toilet Transferring: To/from/on/off toilet with human assist</td>
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<td>Toilet Transferring: Able to self-transfer to bedside commode</td>
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<td>Toilet Transferring</td>
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<td>Toilet Hygiene Assistance: Needs supplies laid out</td>
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<td>Transferring</td>
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<td>Transferring: With minimal human assist or with device</td>
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<td>Transferring: Bears weight and pivots only</td>
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<td>Transferring: Unable or bedfast</td>
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<td>Ambulation</td>
<td>Ambulation/Locomotion: Walk independently</td>
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<td>Ambulation/Locomotion: One-handed device on all surfaces</td>
<td>response 1</td>
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<td>Ambulation/Locomotion: Two-handed device/human assist on steps</td>
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<td>Ambulation/Locomotion</td>
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<td>Ambulation/Locomotion: Walks only with supervision or assist</td>
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<td>Ambulation/Locomotion</td>
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<td>Feeding or Eating</td>
<td>Ambulation/Locomotion: Chairfast or bedfast</td>
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<td>Ambulation/Locomotion</td>
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<td>Eating: Independent</td>
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<td>Eating: Requires set up, intermittent assist or modified consistency</td>
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<td>Feeding or Eating</td>
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<td>Eating: Unable to feed self and must be assisted throughout meal</td>
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<td>Feeding or Eating</td>
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<td>Eating: Requires tube feedings, or no nutrients orally or via tube</td>
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<td>Oral Medication Management</td>
<td>Management of Oral Meds: Independent</td>
<td>response 0 or NA or missing</td>
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<td>Management of Oral Medications: Excludes injectable and IV medications.</td>
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<td>Supervision and Safety Assistance</td>
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<td>Types and Sources of Assistance</td>
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<td>Caregiver currently provides</td>
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<td>Home Care Condition Codes</td>
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<td>response 3 or 4 or missing</td>
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<td>Certain infectious and parasitic diseases</td>
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<td>Diseases of the blood and blood-forming organs, certain disorders involving</td>
<td>Any primary or other diagnosis within the range D50 to D89</td>
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<td>Mental, Behavioral, and Neurodevelopmental disorders</td>
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<td>Disease of the nervous system</td>
<td>Any primary or other diagnosis within the range G00 to G99</td>
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<td>Any primary or other diagnosis within the range H00 to H59</td>
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<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
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<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
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<td>(M1021) Primary Diagnosis &amp; (M1023) Other Diagnoses</td>
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